


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2007 8:00 am
Secretary of State

03-19-2007 90095 025 ****61.25

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DOCUMENT # 727261					
1. Entity Name CASA BONITA I CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 27800 OLD 41 RD BONITA SPRINGS, FL 34135		Mailing Address 27800 OLD 41 RD BONITA SPRINGS, FL 34135			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-6525355	
				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
STERLING PROPERTY SERVICES 27800 OLD 41 RD BONITA SPRINGS, FL 34135				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL	
				Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE		<i>Goran Homchak, CAM, Property Manager</i>		DATE 3/8/07	
		Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEEK, STEVE		NAME	Betty Gray	
STREET ADDRESS	7380 MONTAU RD		STREET ADDRESS	650 Belleview Way NE	
CITY-ST-ZIP	GERMAN VALLEY, IL 61039		CITY-ST-ZIP	#2303 Belleview WA 98004	
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STAUTBERG, ROBERT		NAME	Mary Ellen Rhin	
STREET ADDRESS	5580 CLEVES WARSAW PKWY		STREET ADDRESS	26000 Hickory Blvd #703	
CITY-ST-ZIP	CINCINNATI, OH 45238		CITY-ST-ZIP	Bonita Springs, FL 34134	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	T	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KENEFICK, KEVIN		NAME	Todd Bjorklund	
STREET ADDRESS	3241 CASCO CIR		STREET ADDRESS	832 Great Oaks Trail	
CITY-ST-ZIP	WAYZATA, MN 55391		CITY-ST-ZIP	Eagan, MN 55123	
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FEINGOLD, ALLAN		NAME		
STREET ADDRESS	1400 SHIRE CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	INVERNESS, IL 60067		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCEVOY, DONALD		NAME		
STREET ADDRESS	26000 HICKORY BLVD #803		STREET ADDRESS		
CITY-ST-ZIP	BONITA SPRINGS, FL 34134		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Goran Homchak, Agent</i>		Date: 3/9/07		Daytime Phone #: (239) 947-4552	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	